



### STEP 4 - Establish Payment Method

Credit/Debit Card #                    

Exp. Date   /  

HumanaAccess®

Visa® Card #                    

Exp. Date   /  

Cardholder First Name

                   

Cardholder Last Name

                   

Cardholder Signature:

☐ Expedite the shipping of my order for \$17  
(normal processing time still applies)

☐ Use this card for this order only

### STEP 5 - Allergies

	Member	Dependent
No Known	<input type="radio"/>	<input type="radio"/>
Aspirin	<input type="radio"/>	<input type="radio"/>
Codeine	<input type="radio"/>	<input type="radio"/>
Peanuts	<input type="radio"/>	<input type="radio"/>
Penicillin	<input type="radio"/>	<input type="radio"/>
Sulfa	<input type="radio"/>	<input type="radio"/>

### STEP 6 - Prescription Information

	Member	Dependent
I prefer easy open caps.	<input type="radio"/>	<input type="radio"/>
I prefer brand-name medications only (I understand this may lead to a higher cost).	<input type="radio"/>	<input type="radio"/>
I am enclosing prescriptions with this form.	<input type="radio"/>	<input type="radio"/>

### STEP 7 - Health Conditions

	Member	Dependent
No Known	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
GERD (Acid Reflux)	<input type="radio"/>	<input type="radio"/>
Glaucoma	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
High Cholesterol	<input type="radio"/>	<input type="radio"/>
Migraines	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>
Thyroid Disease	<input type="radio"/>	<input type="radio"/>

### STEP 8 - Other Information

	Member	Dependent
Other Allergies or Health Conditions not listed above:	<input type="text"/>	<input type="text"/>
I am currently taking these medications:	<input type="text"/>	<input type="text"/>

### STEP 9 - Mailing Instructions

1. Please write your name, date of birth, Humana Member ID, and shipping address on the back of each prescription.
2. Send this form along with your prescription(s) and payment to:

**RightSourceRx, P.O. Box 29200, Phoenix, AZ 85038-9200**

NOTE: Prescriptions may be filled or processed by any of the *RightSourceRx* pharmacies. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all *RightSourceRx* sales are final. Payment is due upon shipment. Some health plans require the patient to pay the difference between generic and brand costs. State law permits pharmacists to substitute a less expensive generically equivalent drug for a brand drug unless you or your physician direct otherwise.